University molecular biologist Lee Silver, author of Remaking Eden (Avon Books). Silver believes that cloning is the technology that will finally make it possible to apply genetic engineering to humans. First, parents will want to banish inherited diseases like Tay-Sachs. Then they will try to eliminate predispositions to alcoholism and obesity. In the end, says Silver, they will attempt to augument normal traits like intelligence and athletic prowess.

Cloning could be vital to that process. At present, introducing genes into chromosomes is very much a hit-or-miss proposition. Scientists might achieve the result they intend once in 20 times, making the procedure far too risky to perform on a human embryo. through cloning, however, scientists could make 20 copies of the embryo they wished to modify, greatly boosting their chance of success.

Perhpas now would be a good time to ask ourselves which we fear more: that cloning will produce multiple copies of crazed despots, as in the film The Boys from Brazil, or that it will lead to the society portrayed in Gattaca, the recent science-fiction thriller in which genetic enhancement of a privileged few creates a rigid caste structure. By acting sensibly, we might avoid both traps.

WHO COULD BENEFIT?

Cloning might help patients with Parkinson's and other brain diseases by providing them with neural tissue that is genetically identical to their own.

Burn victims could receive soft, new skin, which would be grown in a laboratory and wrapped around injured areas like a bandage.

Patients with chronic myelogenous leukemia could gain reliable source of healthy bone marrow, which might eventually result in a cure.

Combined with gene therapy, cloning may make it possible for scientists to eliminate the transmission of Tay-Sachs and other inherited diseases.

Mr. HARKIN. Mr. President, for example, I want to read a couple of things from the article. It says:

House Majority Leader Dick Armey has thrown his weight behind a bill that would ban human cloning permanently. ''This is the right thing to do, at the right time, for the sake of human dignity,'' said Armey. ''How can you put a statute of limitations on right and wrong?''

Right and wrong? It is wrong to conduct cloning research that might enable us to grow a liver out of a person's own DNA? To grow skin out of a person's own DNA? Perhaps even to grow heart tissue, or even a full heart, out of a person's own DNA, so there would be no rejection possibilities? It is wrong to do research in cloning of cells that might permit my nephew, Kelly, who, at the age of 19, got injured in the military, his spinal cord was broken and he has been a quadriplegic since and still holds out the hope that research someday is going to enable him to walk again? And, yes, cloning research might be able to rebuild those kinds of cells from his own DNA that will get those nerve endings going again so that my nephew can walk again. That research is wrong? I ask who appointed the House majority leader as the arbiter of what is right and wrong in biomedical research?

Well, as the drafter of this article went on:

. . . hasty legislation could easily be too restrictive. Last year, for instance, Florida considered a law that would have barred the cloning of human DNA, a routine procedure in biomedical research.

You might say that's not what we are doing here. But we could be sending the wrong signals to State legislatures, again, to try the same thing:

Cloning individual human cells [the writer goes on], however, is another matter. Biologists are already talking about harnessing for medical purposes the technique that produced a sheep called Dolly. They might, for example, obtain healthy cells from a patient with leukemia or a burn victim and then transfer the nucleus of each cell into an unfertilized egg from which the nucleus has been removed. Coddled in culture dishes, these embryonic clones—each genetically identical to the patient from which the nuclei came—would begin to divide.

The cells would not have to grow into a fetus, however. The addition of powerful growth factors can ensure that the clones develop only into specialized cells and tissue. For the leukemia patient, for example, the cloned cells could provide an infusion of fresh bone marrow, and for the burn victim, grafts of brand-new skin. Unlike cells from an unrelated donor, these cloned cells would incur no danger of rejection, patients would be spared the need to take powerful drugs to suppress the immune system.

And this, I think, says it all:

Given its potential benefit,'' says Dr. Robert Winston, a fertility expert at London's Hammersmith Hospital, ''I would argue that it would be unethical not to continue this line of research.

Mr. President, I hope that tomorrow, when we vote on this, that the Senate will choose to be on the side of the Galileos, those who want to expand human knowledge, those who will not be constricted by outmoded and outdated ideas, who understand it's the very nature of our humanity to ask how and why and what if. No, not to be on the side of those who wanted to keep the Sun moving around the Earth, but to be on the side of progress and advancement, enlightenment and unlimited human potential.

S. 1601 needs to be amended drastically. Frankly, it needs to be sent to committee. There is no rush. Dr. Seed—is that his name? Yes, Dr. Seed from Chicago is not going to clone any human being. No reputable scientist or doctor that I have spoken to, and I have spoken to quite a few of them, believes he is anywhere near that for years and years and years. But he is making a name for himself. He is on all the talk shows, that's for sure. He has become notorious, a public figure, and I guess a lot of people like to do that.

But just because he's irresponsible doesn't mean we ought to be irresponsible. Let's take a careful look at this. Let's have our hearings. Let's bring in the experts. Let's bring in the bioethicists, the people from all the different communities, to see what parameters, if any, should be drawn on this. The parameters of S. 1601 are too constrictive.

To send scientists to jail for up to 10 years for doing the kind of research that can enable my nephew to walk again is not the kind of legislation that we ought to be passing here.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call will roll.

The bill clerk proceeded to call the roll.

Mr. ASHCROFT. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

EXECUTIVE SESSION

NOMINATION OF DAVID SATCHER, OF TENNESSEE, TO BE AN ASSISTANT SECRETARY OF HEALTH AND HUMAN SERVICES, MEDICAL DIRECTOR OF THE PUBLIC HEALTH SERVICE, AND SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE

The Senate continued with the consideration of the nomination.

Mr. MCCAIN. Mr. President, I wish to speak briefly about the nomination of Dr. William Satcher to become the United States Surgeon General and Assistant Secretary of Health and Human Services.

I have been closely following the Senate debate regarding Dr. Satcher's nomination and his qualifications to serve as the next Surgeon General and Assistant Secretary of Health and Human Services. In particular, I found his views regarding partial birth abortion and his role in clinical AZT trials to treat patients infected with HIV in Africa and Southeast Asia disturbing.

While Dr. Satcher initially expressed his opposition to partial birth abortions, he also stated that he shares President Clinton's view that a ban on this procedure should include an exception for cases in which the procedure might be needed to protect the health of a pregnant woman. This raises serious concerns for me, since I am adamantly opposed to partial birth abortions except to save the life of a woman. This is a procedure which is inhumane and offensive to anyone who values human life. No matter what a person believes regarding the legalization of abortion, we should all be appalled and outraged by the practice of partial birth abortions.

Since these concerns were raised, however, Dr. Satcher has provided written assurances regarding his intentions if nominated. Dr. Satcher wrote, ''I have no intention of using the positions of Assistant Secretary for Health and Surgeon General to promote issues related to abortion. I share no one's political agenda and I want to use the power of these positions to focus on issues that unite Americans—not divide them.'' Dr. Satcher also wrote that he would promote a message of abstinence from premarital sex and behavioral responsibility to our youth. This is a commendable objective that should be promoted among our nation's youth.

The other major concern raised for me was Dr. Satcher's role in clinical trials of AZT conducted in Africa and Southeast Asia. In 1994, the World Health Organization (WHO) recommended that studies be conducted to test the safety and efficacy of short-term AZT therapy in developing countries in reducing the transmission of HIV from pregnant women to their babies. This study was needed because 1,000 babies are born every day infected with HIV in developing nations. This study was intended to determine an effective and affordable treatment for women in the nations that can not afford the expensive AZT and are unable to receive intravenous treatments. The developing nations, in conjunction with the WHO, determined that placebo controlled trials offered the best method for determining an alternative to the expensive and culturally incompatible AZT drug treatment.

After reviewing the available materials on these studies and conferring with Senator FRIST, who is a practicing medical physician and has extensive knowledge and experience with the complex issue of biomedical ethics, I am confidant that these AZT trials were conducted in a scientifically sound and ethical manner. It is my understanding that the appropriate protocols for these clinical trials were developed and extensively reviewed for scientific and ethical integrity by Institutional Review Boards in the United States and by equivalent committees in the counties conducting the clinical trials. According to these medical standards, it is clear that the CDC's decision, under the guidance of Dr. Satcher, regarding the AZT trials researching methods for providing functional, affordable and effective care to people worldwide was based on sound ethics and science.

Mr. President, I believe that the individual who fills the position of Surgeon General must be a person who unites our nation and promotes healthy living. This individual must place the health and well-being of our nation's citizens far above any political agenda. They must provide leadership in disease prevention and health promotion throughout our country by developing innovative and worthwhile public health initiatives. In short, our nation's Surgeon General must be capable of serving as a national symbol of commitment to protecting and improving the public's health.

After carefully reviewing all the facts surrounding Dr. Satcher's professional career and consulting with members of the medical community, including our colleague, Senator FRIST, I am confident that Dr. Satcher is well-qualified to serve this nation in these important public health positions. It is my belief that the concerns raised about Dr. Satcher have been adequately and openly addressed. I believe that he has continually demonstrated his commitment to public health throughout his life and is ready and willing to continue these efforts as Surgeon General and Assistant Secretary of Health and Human Services. Therefore, I am confident that when Dr. Satcher is confirmed as the next U.S. Surgeon General and Assistant Secretary of Health and Human Services, he will serve the health needs of our nation and I will support his efforts.

Mr. ASHCROFT. Mr. President, I rise to speak in opposition to the confirmation of the nominee for Surgeon General of the United States, David Satcher, and I allocate myself such time as I may consume in opposition.

Mr. President, we have had extended debate on this nomination. It is conceded by individuals from every quarter that the nominee is a person of great talent, of substantial intellectual capacity, and who has made a substantial contribution to the medical community. The reservations which I have expressed in no way are designed to derogate the record of achievement that this medical doctor has assembled. But there are a series of concerns which I have raised, some of which are so serious that I believe they would cause us to refrain from voting to confirm this nominee to lead us as America's family doctor.

I would like to just mention four of them, as I conclude my remarks today. As is contained in the unanimous consent order, there will be another hour of debate on this issue tomorrow prior to the vote on cloture, and in the event cloture is invoked, there will be a vote on final passage immediately thereafter.

These four points, though, I would like to raise, and I believe each of these would be adequate or sufficient as a basis for denying confirmation here. But certainly the cumulative impact of these particular concerns should weigh heavily on the minds of Senators as we move toward the votes related to the confirmation of this nominee. And in my case they clearly indicate that we should not vote in favor of this confirmation.

The first is this. This is a nominee who favors partial-birth abortion. Partial-birth abortion is a procedure that has been demonstrated to be a cruel, inhumane, unnecessary procedure. The American Medical Association opposes it. Three-quarters of the American people oppose it, especially those who understand what it is. And for this nominee to side with the political agenda of the President rather than the health agenda of the United States of America indicates, I think all too clearly, that the agenda will be politics rather than health. We ought to have a Surgeon General who has a health agenda and does not repair to the politics of the President or anyone else.

Next, during the time when this nominee presided over the Centers for Disease Control, he and the Centers for Disease Control sponsored studies in Africa regarding the transmission of AIDS from HIV infected mothers to their children.

Rather than implement an ethical strategy for that research that was consistent with the ethics in the United States, they conducted the tests by giving half of the individuals in the study sugar pills or placebos, when there was a known, effective treatment. This was such a breach of the ethics of the medical profession in testing that the New England Journal of Medicine, the No. 1 medical journal in the United States of America, very seriously and aggressively cited this ethical lapse and said that these studies were unethical and should be discontinued on that basis.

The truth of the matter is, the studies go forward. There are a lot of reasons that have been put forth in this debate about why they have gone forward. Some have talked about informed consent. It is clear the level of informed consent there would never pass muster here.

What is clear to me is this nominee views lives differently in Africa than he could be allowed to view them in the United States. This nominee views lives differently before they are born, in the partial-birth abortion arena, than I think the American people do.

Next, there were CDC studies on HIV-infected newborns in this country. No identification was made of the newborns. The studies were conducted after the blood samples were de-identified. This may have been an appropriate strategy before we knew that we could help a newborn that tested positive for HIV. But once we developed a potential therapy, to persist with the studies in the absence of identification of the infected newborn and notification to the parent so that remedial action could be taken, it seems to me a tremendous moral lapse, and it was characterized by one of the most notable AIDS researchers in the world as a breach of the ethics not only of the United States, but international ethics.

When the Congress got upset about this and sought to ask Dr. Satcher and the CDC to cease these tests where you learned about the fact that there were X number of HIV-infected babies but you couldn't identify them, and therefore, you weren't able to tell the parents, what did Dr. Satcher do? He came to the Hill to lobby Congress that we should keep doing that, in spite of the fact that we had the ability, once we learned about the HIV virus, to be able to curtail it with the therapy, with the administration of drugs and other things. I think that compounds the ethical problems that were identified in the Africa studies, and it compounds the ethical problems that relate to the disregard for human existence that characterizes his embrace of the President's position on partial-birth abortion.

The last item which was the subject of significant debate today was the needle exchange program. While Dr. Satcher has indicated that he doesn't support needle exchange programs, the

documents that have only recently been released by the Centers for Disease Control find him in endorsement of needle exchange programs, and urging that there be large amounts of Federal money to support needle exchange programs.

I don't believe that we need a family doctor for America who says we ought to subsidize the drug culture by providing free needles, by saying to the drug dealers, you can get all the needles you want, and when you want to go and tell our young people that they should get involved in your drug culture, you can have the authority of the Government with you to say it must be OK; surely, the Government wouldn't provide us with these free, clean, sterile needles to use in shooting up drugs if it weren't in your best interest.

I think that sends the worst message possible to young people that the Government is a subsidizer of and a promoter of an environment in which drugs can be used with lowered risk.

My own sense is that it makes no more sense to provide clean needles to drug dealers than it would be to provide bulletproof vests to bank robbers. We could surely make bank robbing a safer occupation by providing bulletproof vests, but we wouldn't want to do it. Neither should we make intravenous drug use a sort of project of the Government because we might be able to provide some safety to some user.

I won't go into the details; we have already done that. We already know that people who don't care enough about themselves to use good needles or clean needles in drug use won't take care of the needles once they have used them. One town found over 300 needles in the course of 1 week after a privately funded clean-needle program was implemented there. I don't think we want our playgrounds and our streets and our cities to be littered with once-used free needles supplied by the Government that could later infect our children.

All of these things that relate to a disregard for the right health strategy for America are disqualifying events for this candidate: partial-birth abortion, the African AIDS studies, the domestic blind HIV tests on newborns, where we persisted in this practice even after we discovered an effective therapy for these infants, and last but not least, the clean-needle exchange program, which basically wants to accept drug culture as a way of life instead of calling America to its highest and best and saying that the real problem is heroin, the real problem is drug addiction, the real problem is not the absence of a needle program funded by the taxpayers. The taxpayers do not want us to destroy their neighborhoods by subsidizing drug dealers who will not only use the clean needles, but leave them in places where they can infect the children of America.

For those reasons, I believe it would be appropriate for us to reject the nomination of Dr. David Satcher to be Surgeon General. We do need a Surgeon General, but we don't need one so badly that we need to welcome one who doesn't really call us to the highest and best health that America ought to have.

Mr. President, I thank you very much for the opportunity to make these concluding remarks. With that, I yield back the remainder of my time on today's debate, reserving, obviously, the time to be a participant in the debate tomorrow on this issue. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. NICKLES. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

(During today's session of the Senate, the following morning business was transacted.)

NOMINATION OF MARGARET MORROW

Mr. DASCHLE. Mr. President, we will soon debate the confirmation of Margaret Morrow to be a United States District Judge. Her qualifications are exemplary; her commitment to public service is impressive; and her supporters are many.

Despite the high regard of a broad and bipartisan group of attorneys and judges, Ms. Morrow has had to wait over 19 months for a vote of the full Senate. But this long delay is finally coming to an end. I am very pleased Senator LOTT has promised that, before the February recess, this fine nominee will get her day on the Senate floor.

The Alliance for Justice, which represents a whole host of organizations interested in a strong judiciary, sent a letter to me yesterday outlining their many reasons for supporting the nomination of Margaret Morrow as well as their concern about the time it has taken for the Senate to act. As a supplement to the voluminous information already on the record in support of this nomination, I submit the Alliance for Justice's letter for my colleagues' review. Mr. President, I ask unanimous consent that the letter be printed in the RECORD.

There being no objection, the letter was ordered to be printed in the RECORD, as follows:

FEBRUARY 4, 1998.

Senator TOM DASCHLE,
Hart Senate Office Building, Washington, DC.

DEAR SENATOR DASCHLE: We write to express our concern over a series of developments that continue to unfold in the Senate that are undermining the judicial confirmation process. These include calls for the impeachment of judges, a slowdown in the pace of confirmations, unjustified criticisms of certain nominees, and efforts to leave appellate vacancies unfilled. Some court observers have opined that collectively these are the most serious efforts to curtail judicial independence since President Roosevelt's plan to pack the Supreme Court in 1937.

In the past year nominees who failed to meet certain ultraconservative litmus tests have been labeled ''judicial activists.'' While these charges are unfounded, they nonetheless delay confirmations and leave judicial seats unfilled. We note that of the 14 individuals whose nominations have been pending the longest, 12 are women or minorities. This disturbing pattern is in striking contrast to those 14 judges who were confirmed in 1997 in the shortest period of time, 11 of whom are white men. For example, Margaret Morrow, a judicial nominee to the United States District Court for the Central District of California, was nominated more than a year and a half ago. Not only is she an outstanding candidate, but her credentials have earned her enthusiastic and bipartisan endorsements from leaders of the bar, judges, politicians, and civic groups.

An honors graduate from Harvard Law School, a civil litigator for more than 20 years, winner of numerous legal awards, and the first female president of the California Bar Association, Morrow has the breadth of background and experience to make her an excellent judge, and in the words of one of her sponsors, she would be ''an exceptionally distinguished addition to the federal bench.'' Morrow has also shown, through her numerous pro bono activities, a demonstrated commitment to equal justice. As president of the Los Angeles County Bar Association, she created the Pro Bono Council, the first of its kind in California. During her year as bar president, the Council coordinated the provision of 150,000 hours of previously untapped representation to indigent clients throughout the country. Not surprisingly, the American Bar Association's judicial evaluation committee gave her its highest rating.

Republicans and Democrats alike speak highly of her accomplishments and qualifications. Robert Bonner, a Reagan-appointed U.S. Attorney and U.S. District Judge for the Central District of California and head of the Drug Enforcement Administration during the Bush Administration, has said Morrow is a ''brilliant person with a first-rate legal mind who was nominated upon merit, not political affiliation.'' Los Angeles County Sheriff Sherman Block wrote that, ''Margaret Morrow is an extremely hard working individual of impeccable character and integrity. . . . I have no doubt that she would be a distinguished addition to the Court.'' Other supporters include local bar leaders; officials from both parties, including Los Angeles Mayor Richard Riordan; California judges appointed by the state's last three governors; and three Republican-appointed Ninth Circuit Court of Appeals judges, Pamela Rymer, Cynthia Holcomb Hall, and Stephen Trott.

Despite her outstanding record, Morrow has become the target of a coordinated effort by ultraconservative groups that seek to politicize the judiciary. They have subjected her to a campaign of misrepresentations, distortions and attacks on her record, branding her a ''judicial activist.'' According to her opponents, she deserves to be targeted because ''she is a member of California Women Lawyers,'' an absurd charge given that this bipartisan organization is among the most highly respected in the state. Another ''strike'' against her is her concern, expressed in a sentence from a 1988 article, about special interest domination of the ballot initiative process in California. Her opponents view the statement as disdainful of voter initiatives such as California's term limits law; however, they overlook the fact that the article outlines a series of recommended reforms to preserve the process.